

# UDC DENTAL CALIFORNIA, INC.

## Schedule of Benefits - 105A

All services must be provided in a dentist's office by a Plan Family Dentist or authorized and referred by a Plan Family Dentist to a Plan Specialty Dentist. A referral is not required to receive orthodontic services. All items and services which are not reasonable and necessary for dental diagnosis and treatment, as determined by the Member's Plan Family Dentist, or a Plan Specialty Dentist, or services not prescribed by a Member's Plan Family Dentist or Plan Specialty Dentist, are not covered services. The copayments listed below are applicable only to those procedures provided by the member's Family Dentist or assigned participating Specialty Dentist. In order to fully understand the benefits, exclusions and limitations of this plan, please consult your Member Information Guide or Group Dental Service Agreement and Certificate of Coverage to determine your specific dental coverage. The Schedule of Benefits is summary only.

ADA Code	Diagnostic Dentistry	Member Copayment
0999	Routine Office Visit	5.00
0120	Periodic Oral Exam	No Charge
0140	Emergency Office Visit	10.00
9440	Office Visit After Regular Hours	20.00
0150	Initial Exam	No Charge
0210	X-Ray - Intraoral, Complete Series Including Bitewings	No Charge
0220	X-Ray - Intraoral, Periapical, First Film	No Charge
0230	X-Ray - Intraoral, Periapical Each Additional Film	No Charge
0240	X-Ray - Intraoral, Occlusal	No Charge
0250	X-Ray - Extraoral, First Film	No Charge
0260	X-Ray - Extraoral, Each Additional Film	No Charge
0270	X-Ray - Bitewing, Single Film	No Charge
0272	X-Ray - Bitewing, Two Films	No Charge
0274	X-Ray - Bitewing, Four Films	No Charge
0330	X-Ray - Panoramic	No Charge
0415	Bacterial Studies	No Charge
0425	Caries Susceptibility Tests	No Charge
0460	Pulp Vitality Tests	No Charge
9999	Missed Appointment Without 24 - Hour Notice, by Report	15.00
4999	Periodontal Probing in the Presence of Periodontal Disease	10.00

### Diagnostic Services By Specialists

0210	X-Ray - Intraoral, Complete Series Including Bitewings	25.00
0330	X-Ray - Panoramic	25.00

### Preventive Dentistry

1110	Prophylaxis - Adult (Semi-annually)	No Charge
1120	Prophylaxis - Child (Semi-annually)	No Charge
1203	Application of Topical Fluoride - Child	No Charge
1310	Nutritional Counseling	No Charge
1330	Oral Hygiene Instruction	No Charge
1351	Application of Sealant, Per Tooth	10.00
1510	Space Maintainer (Fixed) - Unilateral	70.00
1515	Space Maintainer (Fixed) - Bilateral	70.00
1520	Space Maintainer (Removable) - Unilateral	80.00
1525	Space Maintainer (Removable) - Bilateral	80.00
1550	Recement Space Maintainer	No Charge

### Restorative Dentistry

2110	Amalgam - One Surface, Primary	No Charge
2120	Amalgam - Two Surfaces, Primary	No Charge
2130	Amalgam - Three Surfaces, Primary	No Charge
2131	Amalgam - Four Surfaces, Primary	No Charge
2140	Amalgam - One Surface, Permanent	No Charge
2150	Amalgam - Two Surfaces, Permanent	No Charge
2160	Amalgam - Three Surfaces, Permanent	No Charge
2161	Amalgam - Four Surfaces, Permanent	No Charge
2330	Resin - One Surface, Anterior	17.00
2331	Resin - Two Surfaces, Anterior	23.00
2332	Resin - Three Surfaces, Anterior	25.00
2335	Resin - Four or More Surfaces, Anterior	28.00
2385	Resin - One Surface, Posterior, Permanent	45.00
2386	Resin - Two Surfaces, Posterior, Permanent	55.00
2387	Resin - Three Surfaces, Posterior, Permanent	65.00
2740	Crown - Porcelain/Ceramic (excluding molars)	90.00
2740	Crown - Porcelain/Ceramic (molars only)	185.00
2750	Crown - Porcelain to High Noble Metal (excluding molars)	100.00
2750	Crown - Porcelain to High Noble Metal (molars only)	195.00
2751	Crown - Porcelain to Base Metal (excluding molars)	100.00
2751	Crown - Porcelain to Base Metal (molars only)	195.00
2752	Crown - Porcelain to Noble Metal (excluding molars)	100.00
2752	Crown - Porcelain to Noble Metal (molars only)	195.00
2790	Crown - Full Cast High Noble Metal	95.00
2791	Crown - Full Cast Base Metal	95.00

### Restorative Dentistry (Continued)

2792	Crown - Full Cast Noble Metal	95.00
2810	Crown - 3/4 Cast Metallic	95.00
2910	Recement Inlay	5.00
2920	Recement Crown	5.00
2930	Prefabricated Stainless Steel Crown - Primary Tooth	40.00
2940	Sedative Filling	No Charge
2950	Core Buildup, Including Any Pins	25.00
2951	Pin Retention - Per Tooth in Addition to Restoration	5.00
2952	Cast Post and Core, in Addition to Crown	35.00
2954	Prefabricated Post and Core, in Addition to Crown	50.00
2960	Labial Veneer (Laminate) - Chairside	100.00
2980	Repair Crown	25.00
2999	Temporary Filling	No Charge
2999	Bleaching Per Arch	175.00
2999	Bleaching Both Arches	300.00

### Endodontics

3110	Pulp Cap - Direct	No Charge
3120	Pulp Cap - Indirect	No Charge
3220	Pulpotomy	20.00
3310	Root Canal - Anterior	95.00
3320	Root Canal - Bicuspid	130.00
3330	Root Canal - Molar	165.00
3340	Root Canal - Four Canals	195.00
3410	Apicoectomy - Anterior	125.00
3421	Apicoectomy - Bicuspid, First Root	160.00
3425	Apicoectomy - Molar, First Root	180.00
3426	Apicoectomy - Each Additional Root	75.00
3430	Retrograde Filling - Per Root	50.00
3450	Root Amputation - Per Root	75.00
3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	100.00

### Periodontics

4210	Gingivoplasty or Gingivectomy, Per Quadrant	100.00
4220	Gingival Curettage, Per Quadrant	50.00
4260	Osseous Surgery, Per Quadrant	210.00
4320	Provisional Splinting Intracoronal	60.00
4321	Provisional Splinting Extracoronal	50.00
4341	Periodontal Scaling and Root Planing, Per Quadrant	40.00
4355	Full Mouth Debridement (Complicated Cleaning)	35.00
4910	Periodontal Maintenance Procedures	25.00
4999	Periodontal Hygiene Instruction	No Charge

### Removable Prosthodontics

5110	Complete Upper Denture	125.00
5120	Complete Lower Denture	125.00
5130	Immediate Upper Denture (Excluding Reline)	140.00
5140	Immediate Lower Denture (Excluding Reline)	140.00
5211	Upper Partial Denture - Resin Base, Including Clasps, etc.	135.00
5212	Lower Partial Denture - Resin Base, Including Clasps, etc.	135.00
5213	Upper Partial Denture - Cast Metal Framework/Acrylic Base	150.00
5214	Lower Partial Denture - Cast Metal Framework/Acrylic Base	150.00
5410	Adjust Complete Denture - Upper	10.00
5411	Adjust Complete Denture - Lower	10.00
5421	Adjust Partial Denture - Upper	10.00
5422	Adjust Partial Denture - Lower	10.00
5510	Repair Broken Complete Denture Base	30.00
5610	Repair Resin Denture Base	30.00
5620	Repair Cast Framework	30.00
5630	Repair or Replace Broken Clasps	30.00
5640	Repair Broken Teeth - Per Tooth	30.00
5650	Add Tooth to Existing Partial Denture	30.00
5730	Reline Complete Upper Denture - Chairside	40.00
5731	Reline Complete Lower Denture - Chairside	40.00
5740	Reline Upper Partial Denture - Chairside	40.00
5741	Reline Lower Partial Denture - Chairside	40.00
5750	Reline Complete Upper Denture - Lab	65.00
5751	Reline Complete Lower Denture - Lab	65.00
5760	Reline Upper Partial Denture - Lab	65.00
5761	Reline Lower Partial Denture - Lab	65.00
5850	Tissue Conditioning - Upper Denture	10.00
5851	Tissue Conditioning - Lower Denture	10.00

### Fixed Prosthodontics

6210	Pontic - Cast High Noble Metal, Per Unit	115.00
6211	Pontic - Cast Base Metal, Per Unit	115.00
6212	Pontic - Cast Noble Metal, Per Unit	115.00
6240	Pontic - Porcelain Fused to High Noble Metal, Per Unit (excluding molars)	125.00
6240	Pontic - Porcelain Fused to High Noble Metal, Per Unit (molars only)	210.00
6241	Pontic - Porcelain Fused to Base Metal, Per Unit (excluding molars)	125.00
6241	Pontic - Porcelain Fused to Base Metal, Per Unit (molars only)	210.00

### Fixed Prosthodontics (Continued)

6242	Pontic - Porcelain Fused to Noble Metal, Per Unit (excluding molars)	125.00
6242	Pontic - Porcelain Fused to Noble Metal, Per Unit (molars only)	210.00
6251	Pontic - Resin with Base Metal, Per Unit	115.00
6545	Resin Bonded Retainer, Per Unit	100.00
6721	Crown - Resin with Base Metal, Per Unit	90.00
6750	Crown - Porcelain Fused to High Noble Metal, Per Unit (excluding molars)	125.00
6750	Crown - Porcelain Fused to High Noble Metal, Per Unit (molars only)	210.00
6751	Crown - Porcelain Fused to Base Metal, Per Unit (excluding molars)	125.00
6751	Crown - Porcelain Fused to Base Metal, Per Unit (molars only)	210.00
6752	Crown - Porcelain Fused to Noble Metal, Per Unit (excluding molars)	125.00
6752	Crown - Porcelain Fused to Noble Metal, Per Unit (molars only)	210.00
6780	Crown - 3/4 Cast High Noble Metal, Per Unit	115.00
6790	Crown - Full Cast High Noble Metal, Per Unit	115.00
6791	Crown - Full Cast Base Metal, Per Unit	115.00
6792	Crown - Full Cast Noble Metal, Per Unit	115.00
6930	Recement Bridge	10.00
6940	Stress Breaker	95.00
6980	Bridge Repair	40.00

### Oral Surgery

7110	Extraction - Single Tooth	17.00
7120	Extraction - Each Additional Tooth	17.00
7130	Root Removal - Exposed Roots	15.00
7210	Surgical Removal of Erupted Tooth	
	Bone Removal/Sectioning	30.00
7220	Removal of Impacted Tooth - Soft Tissue	60.00
7230	Removal of Impacted Tooth - Partial Bony	70.00
7240	Removal of Impacted Tooth - Complete Bony	100.00
7241	Removal of Impacted Tooth - Complete Bony, with Complications	120.00
7250	Surgical Removal of Residual Roots (Cutting Procedure)	30.00
7270	Tooth Reimplantation/Stabilization	100.00
7281	Surgical Exposure, Per Tooth	55.00
7310	Alveoloplasty in Conjunction With Extractions, Per Quadrant	45.00
7320	Alveoloplasty Not in Conjunction with Extractions, Per Quadrant	70.00
7470	Removal of Exostosis	95.00
7510	Incision and Drainage of Abscess	30.00
7910	Simple Suture	No Charge
7960	Frenectomy	80.00

### Orthodontics

8999	Diagnostic Workup with Radiographs/Models, by Report	175.00
8030	Limited Orthodontic Treatment of Adolescent Dentition	
	Class I & II Malocclusion	900.00
8040	Limited Orthodontic Treatment of Adult Dentition	
	Class I & II Malocclusion	1000.00
8080	Class I & II Malocclusion - Child	1695.00
8090	Class I & II Malocclusion - Adult	1895.00
8660	Pre-orthodontic Treatment Visit	35.00
8680	Retainer, Each Arch, Post Treatment Stabilization	95.00
8999	Adjusting Retainer	No Charge
8999	Elastics	No Charge
8999	Final Orthodontic Records	125.00
8999	Reattach Brackets and Bands - Limit 3 Times	7.00
8999	Replace Broken Ligature Wires - Limit 3 Times	5.00
8999	Premium Transparent Brackets (Per Arch)	200.00

### Other Services

9215	Local Anesthesia	No Charge
9230	Analgesia (Nitrous Oxide) (each 30 minutes)	20.00
9240	IV Sedation	120.00
9310	Consultation Appointment	No Charge
9940	Occlusal Guards	100.00

### DENTAL EMERGENCY PROCEDURES

In case of a dental emergency, a Member should directly contact their Family Dentist. If the Family Dentist is unavailable for emergency care, the Member may obtain emergency services from any licensed dentist in order to prevent their dental health from being seriously jeopardized. Once the emergency condition has been treated, the Member must return to their Family Dentist for continuing treatment. In order to receive reimbursement for fees paid, less any applicable copayment for services provided and the after hours visit (ADA code 9440, copayment \$20.00) the following steps must be taken:

1. The Member must notify the Plan or their Family Dentist of their dental emergency within two working days of the onset of the emergency (or as soon as it is reasonably possible to do so) and receive authorization for continued care if warranted.
2. The written request for reimbursement with receipts must be received by the Plan within 60 days of the onset of the emergency.

### LIMITATIONS AND EXCLUSIONS

1. Any procedure not specifically listed in the Schedule of Benefits is not covered.
2. Medical costs associated with dental procedures are not covered.
3. Extractions for asymptomatic third molars (wisdom teeth) are not covered. Examples of symptomatic include severe decay, odontogenic cysts, chronic pericoronitis and infection.
4. Covered services will be considered for referral for children under five years of age to Plan affiliated pediatric dentists. For children five years and older it is the responsibility of the parent or guardian to properly control or modify the behavior of their children so that appropriate dental care may be safely provided by a participating Family Dentist. Services rendered by non-participating providers or participating specialists as a result of the need for behavior modification, physical restraint, sedation or other method of control, will be the sole responsibility of the Member.
5. Dentures or appliances will be replaced only after 3 years have elapsed since such dentures or appliances were provided under any Plan program unless the denture or appliance becomes unserviceable due to illness or other causes not controlled by ordinary means. Replacement under this plan will be made only if the existing denture or appliance is unserviceable and cannot be made so. Replacement of dentures, appliances or bridgework due to loss or theft is not covered.
6. Evaluations or consultations by the Plan's Specialists for non-covered services are not covered.
7. Any dental treatment started prior to the Member's eligibility to receive benefits under this plan, or started after a Member's termination, is not covered.
8. Failure to follow prescribed treatment, or accidents occurring during the course of any treatment, may result in additional charges.
9. Periodontal surgery will not be approved until a Soft Tissue Management Program consisting of an appropriate course of scaling and root planing, periodontal charting, oral hygiene instruction and assessment of case prognosis and compliance have been completed. Member must demonstrate compliance with their Plan Family Dentist's treatment plan and the case must not be an irremediable prognosis.
10. Restorations and endodontic posts placed after root canal therapy are separate procedures from the actual root canal treatment and, therefore, the specific copayments listed for restorations or posts will apply.
11. Failure to pay a scheduled copayment at the time service is rendered may prevent future dental services from being received until all fees have been paid in full.
12. Orthodontic Treatment is limited as follows:
  - Minor treatment of tooth guidance/Interceptive orthodontia for 18 consecutive months
  - Active orthodontic treatment (from time of banding) for 24 consecutive months
  - Retention treatment for 12 consecutive months
 Ongoing treatment past the time frames above is subject to additional fees determined by the Participating Orthodontist performing orthodontics.
13. Orthodontic treatment which involves therapy for myofunctional problems, T.M.J. dysfunctions, micrognathia, macroglossia, cleft palate or hormonal imbalances causing growth and developmental abnormalities is not covered.
14. Orthodontic cases other than Type I or II malocclusions, including cases involving orthognathic surgery are not covered.
15. Orthodontic care after the termination of coverage is the sole responsibility of the individual. Additional fees may be assessed by the provider and are the responsibility of the Member.
16. Treatment for malignancies, neoplasms, or cysts including biopsy is not covered.
17. Services provided by non-Plan dentists are not covered unless preauthorized by the Plan.
18. Copayments listed for metallic restorations **do not include the cost of gold** for ADA codes: 2750, 2752, 2790, 2792, 2810, 6210, 6212, 6240, 6242, 6750, 6752, 6780, 6790, and 6792.
19. Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition are not covered.
20. Procedures requiring fixed prosthetic restorations which are necessary for complete oral rehabilitation or reconstruction, which involve ten (10) or more posterior teeth to be restored to sound anatomical and physiological concepts are not covered.
21. A fixed bridge in any posterior quadrant, when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic is considered optional treatment (UCR of fixed bridge - UCR of partial + partial copayment = optional treatment fee paid by the member).
22. Dental treatment unable to be performed due to the member's general health or physical limitations is not covered.
23. Procedures required due to accidental injury are not covered. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth.